

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000075872**

1. Entity Name  
H.M. MEDICAL CONSULTANTS, P.A.



Principal Place of Business  
150 SE 2ND AVENUE SUITE 1200  
MIAMI, FL 33131

Mailing Address  
150 SE 2ND AVENUE SUITE 1200  
MIAMI, FL 33131



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0867142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MALDONADO, HECTOR M  
14657 SW 139TH PLACE  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MALDONADO, HECTOR M
STREET ADDRESS	150 SE 2ND AVENUE SUITE #1200
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000185923  
01/21/05-80034-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #